

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

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(FOR USE WITH FORM PTO-875)

CIM/PTO 12/1/03 11/2003

CLAI

AS FILED	AFTER AMENDMENT		AFTER 2nd AMENDMENT		AS FILED	AFTER AMENDMENT		AFTER 2nd AMENDMENT	
	IND	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1	F	1		1				
2	1		1		1		2		
3	1		1		1		3		
4	1		1		1		4		
5	1		1		1		5		
6	1		1		1		6		
7	1		1		1		7		
8	1		1		1		8		
9	1		1		1		9		
10	1		1		1		10		
11	1		1		1		11		
12	1		1		1		12		
13	1		1		1		13		
14	13		1		1		14		
15	13		1		1		15		
16	①		1		1		16		
17	①		1		1		17		
18	①		1		1		18		
19	①		1		1		19		
20	①		1		4		20		
21	①		15		1		21		
22	①		15		1		22		
23	①		1		1		23		
24	8		8		1		24		
25	1		1		1		25		
26	1		1		1		26		
27	2		1		1		27		
28	①		1		1		28		
29	1		1		1		29		
30	1		1		1		30		
31	2		1		1		31		
32			1		1		32		
33			1		1		33		
34							34		
35							35		
36							36		
37							37		
38							38		
39							39		
40							40		
41							41		
42							42		
43							43		
44							44		
45							45		
46							46		
47							47		
48							48		
49							49		
50							50		
TOTAL IND.	4		4		4		TOTAL IND.		
TOTAL DEP.	60	→	64	→	29	→	TOTAL DEP.		
TOTAL CLAIMS	69		68		33		TOTAL CLAIMS		